

UTAH DEPARTMENT OF WORKFORCE SERVICES  
UNEMPLOYMENT INSURANCE  
C.O. REQUEST FOR WAGE INFORMATION



DATE MAILED: 01/01/04

SSN: xxx-xx-xxx

Name: John Doe

Test Company  
140 East 300 South  
Ste 700  
Salt Lake City, Utah 84111

**Please complete and Fax or Mail this form within 48 hours from date received and RETURN TO: Utah Department of Workforce Services, CO Claims, PO BOX 45277, Salt Lake City, UT, 84145 or Fax to (801)526-9394. Telephone (801)526-9530.**

This claimant has applied for unemployment benefits and indicated employment with your company. We do not have a complete report of wages on this individual for the calendar quarters shown below. We need this information to complete a monetary determination of this person's potential benefits (who also must meet eligibility requirements). A \$50.00 fine may be assessed under Section 35-A-4-17(H) of the Utah Employment Security Act for failure to return this completed report within 48 hours from date received. Your prompt cooperation will be appreciated.

A. Is this your correct employer account #? **6-387690** [ ]Yes [ ]No, Correct Number: \_\_\_\_\_.

B. Date hired: \_\_\_\_\_ Last day worked: \_\_\_\_\_.

C. Any company pension or retirement benefits being paid or due within the next year? [ ]Yes [ ]No

If "Yes," effective date: \_\_\_\_\_ Monthly Amount: \$\_\_\_\_\_ or Lump Sum: \_\_\_\_\_.

D. Enter Utah gross wages paid to the employee for the calendar quarters indicated. (Show wages reported to another state for these quarters in Remarks below).

OFFICE CODES	CALENDAR QUARTERS		QTR/YR	UTAH GROSS WAGES (if no wages, write "none")	DWS OFFICE USE ONLY
	BEGINNING	ENDING			
1	JAN 1, 2003	MAR 30, 2003	103		
2	APR 1, 2003	JUN 30, 2003	2/03		
3	JUL 1, 2003	SEP 30, 2003	3/03		
4	OCT 1, 2003	DEC 31, 2003	4/03		
5					
6					

REMARKS \_\_\_\_\_

**I CERTIFY** that the above information is true and correct to the best of my knowledge. I understand that the law provides penalties for false benefits or the payment of contributions.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE



\*123456789\*